

PLACE OF BIRTH

1. County of Maricopa

ARIZONA STATE BOARD OF HEALTH

District of Mesa

BUREAU OF VITAL STATISTICS

State Index No. 451

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or
City of MesaLocal Registrar No. 366

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lavonne Merkle

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

6. Date

12-30-26
Month day year

Female

5. No., in order of birth

Yes

3. FATHER

Full name

Lavorn M Merkle

14. MOTHER

Full maiden name

Daisy Ann Hurley

9. Residence

(Usual place of abode)

Mesa

If nonresident, give place and state

15. Residence

(Usual place of abode)

Mesa

If nonresident, give place and state

10. Color or race

White

11. Age at last birthday 39 (Years)

16. Color or race

White

17. Age at last birthday 41 (Years)

12. Birthplace (city or place)

St Charles

(State or country)

Idaho

18. Birthplace (city or place)

Caloopa

(State or country)

Australia

13. Occupation

Nature of industry

Mechanic's
Auto Tractor

19. Occupation

Nature of industry

Housework

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 14
(b) Born alive but now dead 1
(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Somalia at 11:30 m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.

Signature

Address

J. A. Albertson, M.D.
Mesa

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year.

Filed Jan 4, 1927

Filed _____, 19____

Local Registrar.

Registrar.

County Registrar.

348-1230-488